

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097091704**

FILING DATE **12 June 98**

APPLICANT(S)

CLAIMS

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#					#				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51					51				
2							52					52				
3							53					53				
4		3					54					54				
5		3					55					55				
6		3					56					56				
7		3					57					57				
8		3					58					58				
9		3					59					59				
10		3					60					60				
11		3					61					61				
12		3					62					62				
13		3					63					63				
14		3					64					64				
15		3					65					65				
16		3					66					66				
17		3					67					67				
18		3					68					68				
19		3					69					69				
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26		3					76					76				
27		3					77					77				
28		3					78					78				
29		3					79					79				
30		3					80					80				
31		3					81					81				
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38		3					88					88				
39		3					89					89				
40		3					90					90				
41		3					91					91				
42		3					92					92				
43		3					93					93				
44		3					94					94				
45		3					95					95				
46		3					96					96				
47		3					97					97				
48		3					98					98				
49		3					99					99				
50		3					100					100				
TOTAL IND.							TOTAL IND.					TOTAL IND.				
TOTAL DEP.							TOTAL DEP.					TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS					TOTAL CLAIMS				